

410 IAC 1-2.5-135 Streptococcal invasive disease, group A and streptococcal toxic shock syndrome; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 135. The specific control measures for streptococcal invasive disease (see section 46 of this rule for definition of invasive disease) and toxic shock syndrome (infectious agent: *Streptococcus pyogenes*) are as follows:

(1) An investigation by the local health officer shall be performed within seventy-two (72) hours to ascertain that the case meets the case definition for group A streptococcal invasive disease or streptococcal toxic shock syndrome as follows:

(A) The Centers for Disease Control and Prevention (CDC) case definition for an invasive group A streptococcal (GAS) states that the GAS must be isolated from a normally sterile site, such as blood, cerebrospinal fluid (CSF), pleural fluid, peritoneal fluid, surgical aspirate, bone, joint fluid, or internal body site (e.g., lymph node, brain, muscle, if surgically removed). An exception to the sterile site case definition would be a GAS isolated from a wound culture and accompanied by necrotizing fasciitis or streptococcal toxic shock syndrome (STSS).

(B) The CDC case definition for STSS is the isolation of GAS along with the following clinical manifestations:

(i) Hypotension defined by a systolic blood pressure less than or equal to ninety (90) mm Hg for adults or less than the fifth percentile by age for children less than sixteen (16) years of age.

(ii) Multi-organ involvement characterized by two (2) or more of the following: (AA) Renal impairment.

(BB)

Coagulopat

hy. (CC)

Liver

involveme

nt.

(DD) Acute respiratory

distress. (EE) Rash.

(FF) Soft-tissue necrosis.

Identify if the case had a recent case of varicella or underlying chronic disease. Be alert for outbreaks defined as two (2) or more cases occurring close together in place and time.

(2) For hospitalized children with pharyngitis, pneumonia, or scarlet fever, droplet precautions shall be followed until at least twenty-four (24) hours of antimicrobial therapy have been administered. For patients with skin, wound, or burn infections, contact precautions shall be followed for at least twenty-four (24) hours after antimicrobial therapy has been administered.

(3) Discharges and articles soiled with discharges shall be disinfected.

(4) Quarantine is not applicable.

(5) Immunization is not available. Protection of contacts is not applicable, except in an outbreak setting.

During an outbreak, special close contact groups, for example:

(A) the military;

(B) daycare facilities;

(C) schools; and

(D) nursing homes;

may need antibiotic therapy to prevent further spread of disease.

(6) Case definition is established by the department.

*(Indiana State Department of Health; 410 IAC 1-2.5-135; effective Dec 25, 2015)*